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Rensselaer County Med. Soc.

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MANUAL

OF THE

Rensselaer County Medical Society,

CONTAINING

CHRONOLOGICAL LIST OF MEMBERS,

BY-LAWS,

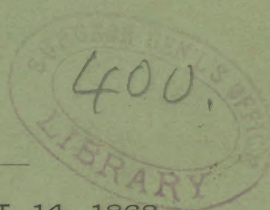
AND CODE OF MEDICAL ETHICS.

ADOPTED APRIL 14, 1868.

TROY, N. Y.

FROM TROY DAILY WHIG STEAM PRESSES.

1868.



MANUAL

OF THE

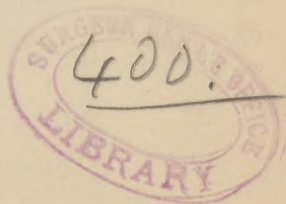
Rensselaer County Medical Society,

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BY-LAWS,

AND CODE OF MEDICAL ETHICS.



ADOPTED APRIL 14, 1868.

TROY, N. Y.

FROM TROY DAILY WHIG STEAM PRESSES.

1868.

Chronological List of Members.

All the records, books, papers and effects of the Rensselaer County Medical Society, were destroyed by fire on the 20th day of June, 1820. The following names appear in the minutes of the Society, as those of members. As no notice of their election is given, it is assumed that they were members prior to January, 1821.

*DAVID DOOLITTLE,
*AMATUS ROBBINS,
*MOSES HALE,
*ROBERT COLLINS,
PELEG R. ALLEN,
*ASAPH CLARK,
*STEPHEN J. BROWN,
†JOHN WHEELER,
*IRA M. WELLS,
*CUYLER TANNER,
*SAMUEL MCCLELLAN,
*NICHOLAS B. HARRIS,
JOHN DOWNS,
SIMON NEWCOME,
*JOHN VAN NAMEE,
*JAMES W. BALL,
——— WALWORTH,
EMERSON HULL,

*——— THURBER,
*CHARLES COLE,
*BENJAMIN WOODWARD,
*THEODORE MAY,
*ELY BURNETT,
*URIAH M. GREGORY,
*——— ARNOLD,
*TIMOTHY CONE,
JACOB KINGSLEY,
*ASHER ARMSTRONG,
SALMON MOSES,
*JOHN S. MILLER,
*JEFFREY W. THOMAS,
†HORACE BULL,
ABRAHAM HOGEBOOM,
C. P. VAN AYKE,
*——— DRAKE.

MEMBERS ELECTED ON AND AFTER JAN. 9, 1821.

NAME.	GRADUATE OF	DATE OF ELECTION.
‡Archibald Robertson,....	<i>Lic. Medical Society State of Vt.....</i>	1821
*Matthew Moody,.....	<i>" Rensselaer Co. Medical Society...</i>	"
*Ira Vail,.....	<i>" Dutchess Co. Med. Soc.....</i>	"
*John Taylor,.....	<i>" Jos. C. Yates, Mas. in Chan.....</i>	"
Elijah Graves,.....	<i>" Hebron Med. Soc. Conn.....</i>	"
Alfred Wotkins,.....	<i>" Med. Soc. State N. Y.....</i>	"
†Cornelius Williams,....	<i>" " " " " ".....</i>	"
John Clapp,.....	<i>" Rensselaer Co. Medical Society...</i>	"

NAME.	GRADUATE OF	DATE OF ELECTION
*Ezekiel Baker,.....	" <i>Rensselaer Co. Med. Soc.</i>	1822
Obediah E. Lansing,....	" <i>Albany</i> " "	"
*Rufus S. Waite,.....	" <i>Rensselaer</i> " "	"
*Ebenezer D. Bassett,....	" <i>Montgomery Co. Med. Soc.</i>	"
*Elisha Sheldon,.....	" <i>Med. Soc. State N. Y.</i>	1823
*Zenas Cary,.....	" " " " " "	"
†Jacob S. Miller,.....	.....	"
Thomas C. Brinsmade,..	<i>Yale College</i>	1824
†—— Norton,.....	.....	"
†Abram D. Sporr,.....	.....	"
—— Wass,.....	.....	"
†Charles E. Burrows,....	<i>Castleton Academy of Medicine</i>	1825
*Henry P. Van Dyke,....	<i>Lic. Columbia Co. Med. Soc.</i>	"
Daniel Haines,.....	" " " " " "	"
*Charles H. Gregory,....	.....	"
†Joseph Koon,.....	<i>Lic. Albany Co. Med. Soc.</i>	"
†Edmund S. Kimberley,..	" <i>Rens.</i> " " " "	"
Zackariah Lyon,.....	.....	1826
†Simeon A. Cook,.....	.....	"
Hiram Moses,.....	.....	"
†Alexander H. Day,.....	.....	"
P. S. Westervelt,.....	.....	"
†Martin Mason,.....	.....	"
John Squire,.....	.....	"
*James Langworthy,....	.....	1827
Charles Hale,.....	.....	"
*A. Streeter,.....	<i>Berkshire School of Med.</i>	"
*Prosper M. Armstrong,..	" " " " " "	1828
*Avery J. Skilton,.....	<i>Lic. Med. Soc. State of Conn.</i>	"
Joseph W. Freiot,.....	" <i>Regents University S. N. Y.</i>	"
†William P. Porter,.....	<i>University of Vermont</i>	"
*I. Brown,.....	" " " " " "	"
*J. H. Carpenter,.....	<i>Berkshire School of Med.</i>	"
†Alexander Burritt,....	<i>Lic. Med. Soc. State of N. Y.</i>	"
*Isaiah Breaky,.....	" <i>Rens. Co. Med. Soc.</i>	"
Frederick B. Leonard,..	<i>Yale College</i>	"
*Lorenzo Streeter,.....	.....	1829
†William Anderson,....	<i>Edinburgh Col. of Surgeons</i>	"
*Lansing Mather,.....	<i>Yale College</i>	"
*Charles S. J. Goodrich,..	<i>Berkshire School of Medicine</i>	"
David Elliot,.....	<i>Lic. Herkimer Co. Med. Soc.</i>	"
*Thomas W. Blatchford,.	<i>University of N. Y.</i>	"
†John K. Palmer,.....	<i>Berkshire School of Med.</i>	"
*John Van Buren,.....	<i>Lic. Rensselaer Co. Medical Society</i> ..	"
*Joseph K. Elmore,.....	.....	"
†Matthew Turck,.....	<i>Berkshire School of Med.</i>	1830
†Melzer Flagg,....	<i>Bowdoin Med. Col.</i>	"

NAME.	GRADUATE OF	DATE OF ELECTION.
†Benjamin Gates,.....	<i>Lic. Saratoga Co. Medical Society.....</i>	1830
†Joshua B. Graves,.....	<i>Vermont Academy of Medicine.....</i>	"
†George Sampson,.....	<i>Lic. Clinton Co. Medical Society.....</i>	"
†Samuel Russell,.....	" <i>Censors S. N. Y.....</i>	"
†Orren Goodrich,.....	" <i>Berkshire School of Medicine....</i>	"
†P. Brigham,.....	" <i>Rensselaer Co. Medical Society...</i>	1831
*Benjamin A. Rousseau,.....	<i>College of Physicians and Surgeons...</i>	"
†Hiram Wotkyns,.....	<i>Lic. Medical Society S. N. Y.....</i>	"
*Frederick A. Carpenter,.....	<i>Berkshire School of Medicine.....</i>	"
*Peter C. Schemerhorn,...	" " " "	"
*John S. Van Alstine,....	<i>Lic. Herkimer Co. Medical Society....</i>	"
*—— Bostwick,.....	.....	"
John V. W. Abbott,....	<i>Castleton Academy of Medicine.....</i>	1832
*R. H. Hale,.....	<i>Lic. Rensselaer Co. Medical Society...</i>	"
†I. S. Kilbourn,.....	" " " "	"
*Platt Burton,.....	<i>Berkshire School of Medicine.....</i>	"
*Lee H. Maxon,.....	<i>Lic. Rhode Island Central Med. Soc...</i>	"
*Henry Brown,.....	" <i>Rensselaer Co. Medical Society...</i>	"
Alonzo G. Hull,.....	" <i>Medical Society S. N. Y.....</i>	1833
James Thorn,.....	<i>Royal College Surgeons.....</i>	"
Horace H. Young,.....	<i>Lic. Rensselaer Co. Medical Society...</i>	"
†Joel G. Candee,.....	<i>Yale College.....</i>	1834
*John Wright,.....	<i>Yale College.....</i>	"
*J. B. Newland,.....	.....	"
*Richard S. Bryan,.....	.....	"
John K. Haines,.....	.....	"
†David Wheeler,.....	<i>University of Vermont.....</i>	1835
*Benjamin Judson,.....	.....	1836
*Luther H. Barber,...	<i>Middlebury College.....</i>	"
†Philip T. Heartt,.....	<i>Lic. Medical Society S. N. Y.....</i>	1837
†Anson Owen Hard,....	<i>Yale College.....</i>	"
Henry R. Lane,.....	<i>Williams College.....</i>	"
*Joseph Nelson,.....	<i>Lic. Rensselaer Co. Medical Society...</i>	"
†Charles Smith,.....	<i>Castleton Academy of Medicine.....</i>	"
*Eber F. Crandall,.....	<i>Vermont Academy of Medicine.....</i>	"
†Andrew C. Getty,.....	" " " "	"
*George H. Gregory,....	<i>Lic. Rensselaer Co. Medical Society...</i>	"
*William J. Young,.....	" <i>Saratoga</i> " " " "	1838
*John Hillman,.....	" <i>Dutchess</i> " " " "	"
†Richard G. Buckingham,.....	<i>Williams College.....</i>	"
*Garrett H. Van Wagenan,.....	<i>Lic. Medical Society S. N. Y.....</i>	"
†Thomas Browning,.....	<i>Williams College.....</i>	"
*James Christie,.....	<i>Vermont Academy of Medicine.....</i>	"
†Augustus Viele,.....	<i>Herkimer Co. Col. of Phys. and Sur...</i>	"
*S. Z. Henry,.....	<i>Lic. Rensselaer Co. Medical Society...</i>	"
†Thomas T. Wells,.....	<i>Yale College.....</i>	1839
†J. W. Richards,.....	<i>Castleton Academy of Medicine.....</i>	"

NAME.	GRADUATE OF	DATE OF ELECTION.
†Myron Knowton,.....	<i>Castleton Academy of Medicine,.....</i>	1839
*Charles S. Twiss,.....	<i>Berkshire School of Medicine.....</i>	"
*James Lawrence Henry,.....	<i>Lic. Rensselaer Co. Med. Society.....</i>	1841
*Richard Bloss,.....	<i>Dartmouth College.....</i>	"
Moses Brownell,.....	<i>Lic. Rensselaer Co. Medical Society...</i>	"
*William H. Rhodes,....	<i>Berkshire School of Medicine.....</i>	"
John Warren,.....	<i>Bowdoin College.....</i>	"
†Rowland Thomas,.....	<i>Berkshire School of Medicine.....</i>	"
†Joel C. Crocker,.....	<i>Fairfield Medical Institute.....</i>	"
William Johnson,.....	" " "	"
†George Hill,.....	<i>Lic. Medical Society S. Mass.....</i>	1842
†Cyrus Backus,.....	" <i>Ontario Co. Medical Society.....</i>	"
J. C. Cobb,.....	<i>Berkshire School of Medicine.....</i>	"
Louis C. Wheeler,.....	"	"
Salmon Moses,.....	<i>Lic. Medical Society State of Conn...</i>	"
Smith A. Boughton,....	<i>Castleton Academy of Medicine.....</i>	1843
†Lewis McKnight,.....	<i>Philadelphia Medical University.....</i>	"
*D. Bryan Baker,.....	<i>Albany Medical College.....</i>	1844
John E. May,.....	<i>Woodstock Medical Institute.....</i>	"
†Stephen Wickes,.....	"	"
William L. Cooper,....	<i>Lic. Rensselaer Co. Medical Society..</i>	1847
Eldridge S. Buswell,....	"	"
*Casper V. W. Burton,...	<i>Albany Medical College.....</i>	1848
William P. Seymour,....	<i>University of Pennsylvania.....</i>	"
*Charles Cook,.....	<i>Albany Medical College.....</i>	1849
Reed B. Bontecon,.....	<i>Castleton Academy of Medicine.....</i>	"
*Philander H. Thomas,...	"	"
†John Salter,.....	"	1850
Charles Freiot,.....	<i>Lic. Censors S. N. Y.....</i>	"
†James M. Austin,.....	" <i>Saratoga Co. Medical Society...</i>	"
A. D. Hull,.....	<i>Albany Medical College.....</i>	1851
*Benjamin F. Lawton,....	<i>University of N. Y.....</i>	1852
Daniel D. Bucklin,.....	<i>Albany Medical College.....</i>	"
†—— Legler,.....	"	1853
Eber W. Carmichael,....	<i>Lic. Rensselaer Co. Medical Society...</i>	"
*Tayler Lewis,.....	<i>University of N. Y.....</i>	"
*Thomas W. Clark,.....	<i>Castleton Academy of Medicine.....</i>	"
D. W. Hiscox,.....	<i>Albany Medical College.....</i>	1854
Matthew H. Burton,....	" " "	"
†George Oliver,.....	"	1855
Charles L. Hubbell,....	<i>Berkshire School of Medicine.....</i>	"
†Henry Palmer,.....	<i>Albany Medical College.....</i>	"
†Julius A. Skilton,.....	" " "	1857
*Henry L. Bullions,.....	" " "	"
Henry B. Whiton,.....	" " "	1858
†John Knowlson,.....	<i>Castleton Academy of Medicine.....</i>	1859
Francis B. Parmelee,....	<i>Albany Medical College.....</i>	"

CHRONOLOGICAL LIST.

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NAME.	GRADUATE OF	DATE OF ELECTION.
LeRoy McLean,.....	<i>Albany Medical College</i>	1859
Alexander H. Hull,.....	.....	1860
A. G. Benedict,.....	.....	"
Washington Akin,.....	<i>Albany Medical College</i>	"
† John R. Gregory,.....	<i>Albany Medical College</i>	1861
Charles A. Brownell,....	<i>College of Physicians and Surgeons</i> ...	"
Mahlon Felter,.....	<i>Albany Medical College</i>	1862
Elihu Butts,.....	.....	"
William S. Cooper,.....	.....	1863
† Henry C. Carrington,....	.....	"
—— Goodrich,.....	.....	"
R. Halsted Ward,.....	<i>College of Physicians and Surgeons</i> ...	1864
William N. Bonesteel,..	<i>Albany Medical College</i>	"
E. B. Boyce,.....	.....	"
Joseph D. Lomax,.....	<i>College of Physicians and Sur., N. Y.</i>	"
C. A. Winship,.....	<i>Albany Medical College</i>	"
Nathan H. Camp,.....	<i>Berkshire School of Medicine</i>	"
† Myron Davis,.....	<i>Albany Medical College</i>	1865
Charles E. Simmons,....	<i>College of Physicians and Sur., N. Y.</i>	"
George H. Hubbard,....	<i>Vermont Medical College</i>	1866
Benjamin S. Catlin,....	<i>Yale College</i>	"
† E. E. Vanderwarker,....	<i>Albany Medical College</i>	"
Charles H. Burbeck,....	" " " ".....	1867
† Frances R. Staihle,.....	.....	"
† Henry Venne,.....	.....	"
T. Brinsmade Heimstreet,	<i>Bellevue Hospital Med. Coll.</i>	"
George H. Marmion,....	<i>University of Pennsylvania</i>	"
Hermann Gnadendorf,...	<i>University of Berlin</i>	"
Albert S. Newcomb,....	<i>Albany Medical College</i>	"
James M. Shaffer,.....	<i>University of New York</i>	1868
E. Newton Beale,.....	<i>Berkshire School of Med.</i>	"

* Deceased.

† Removed.

‡ Expelled.

Presidents.

David Doolittle.....	1820
Moses Hale.....	1821
Samuel McClellan.....	1822, 1823
Moses Hale.....	1824, 1825
James W. Ball.....	1826
Asaph Clark.....	1827, 1828
John Van Namee.....	1829, 1830
Robert Collins.....	1831, 1832
Simon Newcome.....	1833
Amatus Robbins.....	1834
Daniel Haines.....	1835, 1836
John Wheeler.....	1837, 1838
Samuel McClellan.....	1839
Thomas W. Blatchford.....	1840, 1841
Simeon A. Cook.....	1842, 1843
Alfred Wotkyns.....	1844, 1845
Frederick B. Leonard.....	1846, 1847
Thomas C. Brinsmade.....	1848, 1849
J. W. Richards.....	1850, 1851
Casper V. W. Burton.....	1852
Avery J. Skilton.....	1853, 1854, 1855
William P. Seymour.....	1856
Edward Hall.....	1857, 1858
Philander H. Thomas.....	1859, 1860
James Thorn.....	1861, 1862
Francis B. Parmelee.....	1863
Eber W. Carmichael.....	1864
Henry C. Carrington.....	1865
William S. Cooper.....	1866
Henry B. Whiton.....	1867
George H. Hubbard.....	1868

Officers Elected at the Annual Meeting

JANUARY 14, 1868.

PRESIDENT,

— GEORGE H. HUBBARD.

Vice President,

CHARLES E. SIMMONS.

Secretary,

BENJAMIN S. CATLIN.

Treasurer,

LE ROY McLEAN.

Librarian,

—————

**Censors,*

MAHLON FELTER,

WILLIAM S. COOPER,

WASHINGTON AKIN,

WILLIAM N. BONESTEEL.

—————

Delegates to the State Medical Society,

LE ROY McLEAN,

R. HALSTED WARD,

WILLIAM S. COOPER.

—————

Delegates to the American Medical Association,

THOMAS C. BRINSMADE,

R. HALSTED WARD,

GEORGE H. HUBBARD,

CHARLES H. HUBBELL,

HENRY B. WHITON,

DANIEL D. BUCKLIN.

*NOTE.—These officers were elected in January 1867, and hold their offices until their successors are appointed.

List of Active Members, 1868.

NAME.	P. O. ADDRESS.
Abbott, John V. W. ....	.....
Akin, Washington.....	12 Fourth Street, Troy
Allen, Peleg R. ....	.....
Beale, E. Newton	Schaghticoke
Benedict, A. G. ....	.....
Bonesteel, William N.	Nail Factory, Troy
Bontecou, Reed B.	82 Fourth Street, Troy
Boughton, Smith A. ....	.....
Boyce, E. B.	West Sand Lake
Brinsmade, Thomas C.	43 Third Street, Troy
Brownell, Charles A.	13 Liberty Street, Troy
Brownell, Moses	13 Liberty Street, Troy
Bucklin, Daniel D.	Lansingburgh
Burbeck, Charles H.	Brunswick Centre
Burton, Matthew H.	86 Third Street, Troy
Buswell, Eldridge S. ....	.....
Butts, Elihu	Schaghticoke
Camp, Nathan H.	111 Fourth Street, Troy
Carmichael, Eber W.	Sandlake
Catlin, Benjamin S.	21 First Street, Troy
Clapp, John	67 Grand Division Street, Troy
Cobb, J. C. ....	.....
Cooper, William L.	Albia, Troy
Cooper, William S.	81 Third Street, Troy
Downs, John .....	.....
Elliott, David	East Greenbush
Felter, Mahlon	106 Fifth Street, Troy
Freiot, Charles	14 Fourth Street, Troy
Freiot, Joseph W. ....	.....
Gnadendorff, Hermann	82 Fifth Street, Troy
Goodrich, ——— .....	.....
Graves, Elijah	Stephentown
Hale, Charles	Greenbush
Haynes, Daniel .....	.....
Haynes, John K.	Brainards
Heimstreet, T. Brinsmade	20 Ferry Street, Troy
Hiscox, D. W.	Pittstown
Hogeboom, Abraham	Schodack Landing
Hubbard, George H.	Lansingburgh
Hubbell, Charles L.	35 First Street, Troy

NAME.	P. O. ADDRESS.
Hull, A. D.	<i>Lansingburgh</i>
Hull, Alexander H.	
Hull, Emerson	<i>Berlin</i>
Johnson, William	<i>Valley Falls</i>
Kingsley, Jacob	
Lane, Henry R.	<i>83 Third Street, Troy</i>
Lansing, Obediah E.	<i>Bloomington</i>
Leonard, Frederick B.	<i>Lansingburgh</i>
Lomax, Joseph D.	<i>Marshall Infirmary, Troy</i>
Lyon, Zackariah	<i>Hart's Falls</i>
McLean, Le Roy	<i>21 First Street, Troy</i>
Marmion, Geo. H.	<i>184 Third Street, Troy</i>
May, John E.	<i>Reed's Hotel</i>
Moses, Hiram	<i>Petersburgh</i>
Moses, Salmon	<i>Hoosick Falls</i>
Newcomb, Albert S.	<i>57 North Second Street, Troy</i>
Newcome, Simon	<i>Lansingburgh</i>
Parmelee, Francis B.	<i>Greenbush</i>
Seymour, William P.	<i>105 Third Street, Troy</i>
Shaffer, James M.	<i>South Schodack</i>
Simmons, Charles E.	<i>43 Third Street, Troy</i>
Squire, John	<i>Schodack Landing</i>
Thorn, James	<i>97 First Street, Troy</i>
Van Ayke, C. P.	
Walworth, ———	
Ward, R. Halsted	<i>53 Fourth Street, Troy</i>
Warren, John	<i>Hoosick Corners</i>
Wass, ———	
Westervelt, P. S.	<i>Croswayville</i>
Wheeler, Louis C.	<i>13 Second Street, Troy</i>
Whiton, Henry B.	<i>85 Third Street, Troy</i>
Winship, C. A.	<i>Eagle Mills</i>
Wotkyns, Alfred	<i>75 Third Street, Troy</i>
Young, Horace H.	<i>Cor. Congress and Third Streets, Troy</i>

BY-LAWS

OF THE

RENSSELAER CO. MEDICAL SOCIETY.



REVISED AND ADOPTED, APRIL 14, 1868.

BY-LAWS

OF THE

RENSSELAER COUNTY MEDICAL SOCIETY.

CHAPTER I.

TITLE—OFFICERS—AND MEETINGS OF THE SOCIETY.

ARTICLE 1. The Title of this Society shall be "THE RENSSELAER COUNTY MEDICAL SOCIETY."

ART. 2. The Officers of the Society shall be, a President, a Vice President, a Secretary, a Treasurer, a Librarian, and five Censors.

ART. 3. There shall be an Annual Meeting on the second Tuesday in January of every year, of which due notice shall be given, by the Secretary, to each member.

ART. 4. There shall be Quarterly Meetings on the second Tuesday of the months of April, July and October, of which due notice shall be given, as provided for in the case of the Annual Meeting.

ART. 5. Special Meetings may be called by the President, or in his absence, by the Vice-President, at his own option, or by the request, in writing, of five members, of which due notice shall be given, as provided for in the case of the Annual Meeting.

ART. 6. All meetings shall be held in the city of Troy, unless otherwise ordered by a vote of the Society, and seven members shall constitute a quorum.

CHAPTER II.

ORDER OF BUSINESS AND RULES OF ORDER.

ARTICLE 1. At each Annual or Quarterly Meeting, after the presiding officer shall have declared the Society formed, the following shall be the Order of Business:

1. Reading of the Minutes.
2. Proposal of Members.
3. Report of Censors and Election of New Members.
4. Report of Scientific and other Committees.
5. Communications, Discussions, and reading of Papers in the order directed by the Presiding Officer.
6. Unfinished Business and Amendments to By Laws considered.
7. New Business.

ART. 2. At each Special Meeting the object for which the Society was convened shall be considered immediately after the reading of the minutes of the last meeting.

ART. 3. At each Annual Meeting, the Election of Officers and Delegates to the State Society and to the American Medical Association, shall be held by ballot immediately after the election of new members, and the candidate receiving the greatest number of votes shall be declared elected.

ART. 4. The Treasurer's Report shall be heard, and accounts against the Society considered and acted on, immediately after the election of officers.

ART. 5. The following shall be the rules of order of this Society:

1. Any member who may speak on any subject or question before the Society, shall rise and address his remarks to the President.

2. Every member shall have the privilege of speaking twice on any question under consideration, but not oftener, unless by permission of the Society.

3. Any member called to order while speaking, shall take his seat, and the debate be suspended until the point of order is settled.

4. All questions of order shall be decided by the Chair, subject to an appeal, which shall be determined by vote, without debate.

5. No motion shall be made while a member is speaking; and in all cases the mover must rise and address the Chair.

6. All resolutions and amendments shall be offered in writing, when required by any member.

7. No motion or resolution shall be considered unless seconded; nor question, unless stated by the President.

8. When a question is under debate no motion shall be received, but to adjourn; to lay on the table; for the previous question; to postpone; to refer, or to amend; which several motions shall have precedence in the order in which they are here arranged. The first three shall be decided without debate.

9. When a blank is to be filled, the question shall be first taken on the highest number, the greatest sum, or longest time proposed.

10. Any member may call for a division of a question, when the sense will admit of it.

11. The yeas and nays on any question, when called for by five members present, shall be taken without debate and recorded on the minutes.

12. After any question has been decided, except one of indefinite postponement, any two members who voted in the majority, may, at the same or next stated meeting, move for a reconsideration thereof; without which, no discussion shall be allowed.

13. All questions of order, not provided for by these rules, shall be determined by Parliamentary usage.

CHAPTER III.

PRESIDENT.

ARTICLE 1. It shall be the duty of the President to preside at all meetings of the Society; to call the meetings to order at the appointed time, and to preserve order and decorum.

ART. 2. He shall perform the duties prescribed by the Statutes, By-Laws, and Resolutions of the Society.

ART. 3. He shall deliver an address at the Annual Meeting closing his official year.

ART. 4. He shall appoint all Committees, unless otherwise ordered by a special resolution.

ART. 5. He shall designate, at each Annual and Quarterly Meeting, from among the members present, some individual to read at the next succeeding meeting, an essay or paper on some subject connected with the profession of Medicine, it being understood that voluntary contributions are at all times in order.

ART. 6. He shall take the sense of the Society on every motion made and seconded, and declare the result.

ART. 7. He, or any member who may preside, shall have no vote, except on questions where there is an equal division of voices.

ART. 8. He shall cause a personal service of the following notice to be made, in writing, on every physician and surgeon residing in the County of Rensselaer, not already admitted a member of this Society, viz:—

"I, (name) President of the RENSSELAER COUNTY MEDICAL SOCIETY, being required so to do by the Statutes of this State, and by direction of the Society, hereby notify you, (name) within sixty days from the service hereof, to make a written application to me for admission to the Society, and to present to me your diploma, and such other testimonials as you may possess, of regular standing in the profession of medicine, together with a certificate from the Clerk of this County that you have deposited a copy of your diploma in his office.

"Signed

(name.)

"President Rensselaer County Medical Society."

ART. 9. He shall give a certificate of membership to

all members elect, who have signed the By-Laws, and paid the initiation fee.

ART. 10. He shall confer a diploma of license on such persons as are certified by the Censors to be qualified for the practice of physic and surgery, on receiving for such diploma the sum of five dollars, for the use of the Society.

ART. 11. He shall pay to the Treasurer all moneys he may receive for the use of the Society.

ART. 12. He shall keep on file all documents and certificates in relation to the Society, which are by law deposited with him; and these shall be delivered to his successor.

CHAPTER IV.

VICE-PRESIDENT.

ARTICLE 1. The Vice-President, in the absence of the President, shall preside, and perform the duties of the President.

ART. 2. He shall deliver an address at the Quarterly Meeting in July.

CHAPTER V.

CENSORS.

ARTICLE 1. The Censors shall perform the duties prescribed by the Statutes, the By-Laws and Resolutions of the Society.

ART. 2. In the absence of the President and Vice-President, the senior Censor shall preside.

ART. 3. The seniority of the Censors shall be determined by the Censors themselves, immediately after their election; and notice thereof shall be given to the Secretary and President.

ART. 4. The Censors shall examine the credentials of all candidates for admission, and report thereon to the Society, at the meeting next subsequent to that at which the candidate is proposed, or as soon thereafter as practicable.

ART. 5. They shall examine all applicants for a license to practice physic and surgery, who have complied with the requisitions of the Statutes of the State, and the By-Laws of the Society; and shall give to those qualified a certificate to that effect, addressed to the President.

CHAPTER VI.

TREASURER.

ARTICLE 1. The Treasurer shall perform the duties directed by the Statutes, the By-Laws and Resolutions of the Society.

ART. 2. It shall be the duty of the Treasurer to present a bill of the Annual Dues to each member every year, showing all arrearages; and to demand payment of the same, at least twice while unpaid, during the year in which such bill may have been rendered; and for this purpose, the said Treasurer is authorised to have the necessary blanks printed, and to employ a competent Collector, paying the bills thus accruing from the funds of the Society, upon a warrant for that purpose signed by the President: Provided that bills of arrearage of more than two years standing, which shall have been thus twice presented, and remain unpaid, shall be placed on a suspended list, and while there shall deprive the members so in arrears of the privilege of representing the Society in any of its offices or delegations, and of receiving any of its publications or the publications distributed by it.

ART. 3. He shall render an account, at every Annual Meeting, of all the moneys received and expended by him, and of all balances remaining in his hands.

CHAPTER VII.

SECRETARY.

ARTICLE 1. The Secretary shall perform the duties directed by the Statutes, the By-Laws and Resolutions of the Society.

ART. 2. He shall keep in his book a full and distinct

record of all the transactions of the Society, and a chronological list of all the members.

ART. 3. He shall register in his book, and shall read at each Annual meeting, the names of all medical men who have refused or neglected to unite with the Society, on the notice of the President, or who, having applied for admission, have been found unqualified by the Censors.

ART. 4. He shall publish once in each year, in one or more newspapers, and in the Troy Directory, a list of the officers and members of the Society.

ART. 5. He shall inform all persons admitted by vote of the Society, of their election; and notify them to call upon him, pay the initiation fee, and sign the By-Laws; and he shall report at the Annual Meeting the names of all members elect, who have neglected or refused to do so, in accordance with the Regulations of the Society.

ART. 6. He shall permit no member elect to sign the By-Laws of the Society, except on his paying the initiation fee, or exhibiting a receipt for the same, signed by the President or Treasurer.

ART. 7. He shall notify, in writing, the chairman of all Committees of their appointment, together with the names of their colleagues and the object and duty of such Committees.

ART. 8. He shall conduct the correspondence of the Society. He shall retain copies of all letters written by him in behalf of the Society, and preserve on file all letters and communications received by him in his official capacity, and report the same at each stated meeting; and he shall obey all orders and resolutions appertaining to his office.

CHAPTER VIII.

LIBRARIAN.

The Librarian shall have charge of all books, pamphlets, manuscripts, anatomical or pathological specimens, apparatus, instruments, medals, coins, or scientific property of whatever kind that may be at any time in the possession of

the Society ; and affix to each donation the name of the donor ; keep a catalogue ; observe such rules as shall be prescribed for the regulation of his department, and render a full account thereof, at least once a year, and oftener, if required.

CHAPTER IX.

DELEGATES.

The Delegates shall perform the duties required by the Statutes of the State, and support the honor and dignity, and obey the orders and resolutions of the Society.

CHAPTER X.

ORDINARY MEMBERS.

ARTICLE 1. The ordinary members shall consist of physicians and surgeons only.

ART. 2. To support the honor and dignity of the medical profession, and discharge the duties of a practitioner with fidelity and integrity, is the duty of each member.

ART. 3. It shall be the duty of every member to observe the code of medical ethics recommended by the American Medical Association, and adopted by this Society.

ART. 4. Every member shall observe order and decorum in the meetings ; shall pay due respect to the President and other officers, and to his fellows ; and no member shall withdraw during the session, without special permission from the Chair.

ART. 5. Each member, on entering a meeting of the society, shall write his name and Post Office Address in a register provided for this purpose by the Secretary.

ART. 6. No member who has been absent from three successive Quarterly Meetings of this Society, during the preceding year, without satisfactory excuse, or who has failed to discharge faithfully, the duties of any office held by him, shall be eligible to any office, at the next Anniversary Meeting.

ART. 7. Members who shall not have paid the Annual Dues, assessed upon them by the Society, for two years in

succession, after having been twice called upon to do so, are declared to be in arrears with the Treasurer, and their names shall appear on his list of suspended debts.

ART. 8. Members in arrears with the Treasurer shall neither be eligible to office, nor entitled to vote at any Annual Meeting.

CHAPTER XI.

ADMISSION OF MEMBERS.

ARTICLE 1. All applications for admission to the membership of this Society shall be made at one Stated Meeting, and decided at the next, or any subsequent meeting, when the Censors shall report on their credentials.

ART. 2. Any physician or surgeon practising in this county, may, on application, become a member of this Society, if the Censors, or a majority of them, on examination of his credentials, shall certify that he is entitled to practice physic and surgery according to the laws of State; and if, on being balloted for he shall have a majority of votes of the members present.

ART. 3. Every person thus admitted, shall sign the By-Laws, and designate the State or country of his birth, and the medical rank or station then or formerly held by him.

ART. 4. Every person admitted into the Society shall, before signing the By-Laws, pay to the Treasurer five dollars, to be appropriated to the use of the Society; and shall be presented with a certificate of membership, and with a copy of the Manual.

ART. 5. No person who has been admitted to the Society, and who has refused or neglected to comply with the requisitions of the 3d and 4th Articles of Chapter XI., shall be entitled to the privileges of membership.

CHAPTER XII.

CONTRIBUTIONS AND ARREARS.

ARTICLE 1. The Society, at the Anniversary Meeting, may establish such contributions as shall meet the yearly expenses, and all the debts of the Society.

CHAPTER XIII.

COMMITTEE ON ETHICS.

ARTICLE 1. A Committee on Ethics shall be annually appointed, consisting of three members, whose duty it shall be to take cognizance of all complaints of breaches of the Code of Ethics, and to endeavor to reclaim offenders, before proceeding formally against them.

ART. 2. Charges of violation of the laws of Ethics of the Society, or immoral conduct, or habits, shall be presented in writing to the Chairman of the Committee, enclosed in a sealed envelope, with the words "Charges against a Member" written upon it.

ART. 3. The Chairman, on receiving such charges, shall notify the Committee to meet and examine the same, and the evidence thereof.

ART. 4. If a majority of the Committee so met shall be of opinion that the charges are well founded, they shall serve a copy of them upon the accused, and cause a Special Meeting of the Society to be called to investigate them; of which the person against whom the charges are made shall have at least *ten* days' notice, in writing.

ART. 5. At such meeting, the Committee shall report their opinion, and the grounds thereof; and if the person accused (having had a fair opportunity to make his defence) shall be found guilty by a vote of two-thirds of the members present, the Society shall proceed to determine the penalty, and cause it to be carried into effect.

ART. 6. The penalty—whether it be the reprimand, suspension, or expulsion of the member—shall be decided by a majority of the votes cast.

CHAPTER XIV.

HONORARY MEMBERS.

ARTICLE 1. Any member may propose a candidate as an honorary member; but the medical rank or station then or formerly held by him shall be furnished in writing by the proposer; and, if satisfactory, he may, at a subsequent

meeting, be balloted for, and elected by a majority of votes.

ART. 2. Not more than three honorary members shall be annually elected.

ART. 3. The honorary members may attend the meetings of the Society, but shall not be entitled to vote.

DIPLOMA CONFERRED ON HONORARY MEMBERS.

*Societas Medica Comitatus Rensselaeris Omnibus Hæc
Literas Perlecturis.*

SALUTEM: •

Virum probum et ornatissimum,

Quem fama promit, scientiarum
medicinæ et chirurgiæ cultorem, liberalium honoribus artium provectum,
Placuit nobis, Presidi et Sociis hujusce Societatis—Socium constituere
Honorarium: atque auctoritatem ei donare, privilegia et immunitates ad
nos Medicinam Facultatem, quæ pertinent; ubi-que.

In quorum testimonium hæc literæ, sigillo manibusque
munitæ, mandantur.

Datum Trojæ, die

Anno Domini

Millesimo octingentesimo

Præs.

Scr.

CHAPTER XV.

LICENTIATES.

ARTICLE 1. Every candidate for license to practice physic or surgery, who shall have complied with the requisitions of the Statutes of the State, with regard to the term of study and other particulars, shall be examined by the Censors, on paying to them the sum of *five* dollars, for the use of the Society.

ART. 2. Every person who, upon examination by the Censors, shall be found qualified for the practice of medicine and surgery, shall receive from them a certificate to that effect, addressed to the President of the Society, who shall thereupon confer on him the following Diploma:—

ART. 5. Every person receiving a diploma of license, shall be notified by the Secretary that he must deposit a copy of the same with the Clerk of the County in which he may reside; and that, until this be done, he is subject to penalty as an illegal practitioner.

ART. 6. Every person admitted to the practice of physic and surgery by this Society, shall pay to the President, for the use of the Society, *five* dollars; and he shall be presented with a copy of the Charter and By-Laws.

CHAPTER XVI.

AMENDMENTS.

The preceding Articles may be altered or amended, or new ones added, if the same be deemed necessary, and adopted by two-thirds of the members present, at an Annual Meeting of the Society; and all propositions or motions for such amendments, alterations, or additions shall be in writing, and shall be laid before the Society three months previous to their adoption.

FEE TABLE.

At the annual meeting of the Rensselaer County Medical Society, held January 12th, 1864, Drs. THOMAS C. BRINSMADE, THOMAS W. BLATCHFORD, ALFRED WOTKYNs, HENRY A. CARRINGTON, E. W. CAR MICHAEL, and BUCKLIN, who had been appointed at a previous meeting a committee to draft a fee bill, presented the following report, which was unanimously adopted and ordered to be printed :

REPORT.

In pursuance of the duty assigned to your Committee, they submit the following report :

Section I, Article VII, Chapter II, Code of Ethics of the American Medical Association, reads :

"OF PECUNIARY ACKNOWLEDGMENTS.—Some general rule should be adopted by the Faculty in every town or district, relative to pecuniary acknowledgments from their patients, and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit."

The propriety of fee-tables for medical services has long been apparent, and compliance with the above rule is now general in the profession.

MEDICAL.

For each visit in the city within one mile,.....	\$1.50 to \$2.00
For every mile beyond the first, in addition,.....	50 to 1.00
For visit by request after dark, or before 10 o'clock, P. M.,.....	2.00
For visit after 10 P. M., and before 7 A. M.,.....	3.00 to 5.00

In cases of consultation or other extraordinary attendance in the night, the fee for such extra attendance shall be added to that for a night visit.

For visit in consultation within four miles,.....	5.00 to 10.00
For subsequent visits,.....	2.00 to 3.00

"For the first visit in a new case it shall be considered proper to make a charge of from two to five dollars, and a similar charge should be made in cases in which but a single visit is required. In cases also of extraordinary service, detention, or attendance, or when, for any reason the case is one of unusual importance or responsibility, the charge should be proportionally increased, and the duty to make such increased charge shall be considered obligatory upon the practitioner."

For a visit in consultation at a greater distance than four miles, each additional mile,.....	1.00
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"In case of a consultation, the attending physician may also charge the usual consultation fee instead of the fee for an ordinary visit."

When the travel is by railway, from two to three dollars per hour.

Rising from bed and prescribing without visit,.....	\$1.00 to \$3.00
Office consultation,.....	1.00 to 5.00
For a letter of advice,.....	5.00 to 10.00
Catheterism, for first time,.....	3.00

" for each subsequent introduction in addition to the price of regular visit,.....	1.00
Application of leeches,.....	1.00 to 2.00

Not more than three visits a day are to be charged, unless much time is required.

For an opinion involving a question of law, for which a physician may be subpoenaed,..... 20,00 to 50,00

" The above charge should also be allowed in cases in which the physician is subpoenaed in consequence of an opinion obtained under any other pretext, but which is afterwards sought to be introduced as evidence in a suit or action. Also, for attendance in court as an expert.

In case of an opinion involving special study or experimental investigation, such additional service shall be charged in proportion to the time and labor expended.

In case of detention in court as an expert, or in a matter involving a professional opinion, for each day's attendance after the first, the fee shall be twenty dollars."

Medical certificates,..... 1,00 to 5,00

" " for Life Insurance Policy,..... 5,00

Giving testimony before a Coroner's jury,..... 5,00 to 20,00

Attendance at court, involving medical opinion,..... 15,00 to 50,00

Post-mortem examinations,..... 10,00 to 25,00

Extra charges for time and travel according to circumstances.

MIDWIFERY.

Simple obstetrical case,..... 10,00 to 25,00

Preternatural or complicated cases, not requiring instruments,..... 15,00 to 30,00

For turning or instrumental cases,..... 20,00 to 35,00

Delivering placenta,..... 6,00 to 10,00

Attendance on a case of abortion,..... 5,00 to 15,00

" For attendance during tedious labor, it shall be considered obligatory to make such additional charge as, in the discretion of the practitioner, the extraordinary detention or service shall seem to demand.

Obstetric operations, when necessary, shall be charged in addition to the usual fee for attendance.

In obstetrical practice, all subsequent visits shall be charged as in ordinary cases of attendance.

In cases of labor, when the child is born, but not the placenta, before the arrival of the accoucher, the whole fee is to be charged. When both the child and the placenta are born before the arrival of the accoucher, half, or the whole fee may be charged, according to circumstances. This rule is intended to apply to cases in which the services of the accoucher have been previously engaged, and in which the delay does not arise from his fault.

If, in any case of labor, a second physician is called in consultation, and subsequently detained in joint attendance, both attending and consulting physicians shall be entitled to the full fee for attendance, and also to such additional amount as may be deemed proper, in view of the importance of the case, the unseasonableness of the hour, or any extraordinary detention, or service rendered."

OPERATIVE SURGERY.

" For capital operations, or operations of unusual difficulty, such as amputations of large limbs, ligation of large arteries, operations for stone in the bladder, removal of breasts, or of other large tumors, operations for cataract, for strangulated hernia, for vesico-vaginal fistula, for cleft palate, etc., according to the importance of the case and the pecuniary circumstances of the patient..... 50,00 to 500,00

For operations of secondary importance or difficulty, such as operations for fistula in ano, for hare-lip, for the radical cure of hydrocele, tapping and injection of ovarian cysts, reduction of dislocations or fractures of large

bones, amputation of fingers or toes, tracheotomy, removal of small tumors not involving important organs, passing catheter in cases of obstruction, ligation of arteries of secondary size, etc.,.....	10,00 to 100,00
For minor operations, such as excision of tonsils, removal of nasal polypi, tapping for hydrocele or for ascites, opening abscesses, stitching recent wounds, cupping, passing setons, excision of wens, etc.,.....	2,00 to 25,00

After surgical operations, all subsequent visits shall be charged as in ordinary cases of attendance."

Fees for Medical Services in the country towns and villages in the County.

Consultation at office,.....	\$ 0,75 to \$2,00
Visit in day time within one mile,.....	1,00
Each additional mile,.....	25
Visit at night,.....	1,00 to 2,00
Mileage at night,.....	50
Counsel fee,.....	3,00 to 5,00
Mileage as for ordinary visit,.....	25 to 50
Ordinary obstetrical cases, in the villages of Lansingburgh and Greenbush,.....	8,00 to 10,00
In the smaller villages and country,.....	5,00 to 10,00
Difficult or Instrumental cases,.....	10,00 to 15,00
Delivering placenta,.....	5,00

For other services, the same as in the city. All fees are due immediately after the services are rendered, but accounts must be presented at least as often as twice a year.

The practitioner can make such deduction from his account as he may honestly think the circumstances of the patient may require.

"A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character that no mere pecuniary acknowledgment can repay or cancel them."

Code of Medical Ethics, chap. 1, art. 2, sec. 10.

Amended April, 14, 1868, by the following Resolution:

Resolved, That hereafter, all fees within the villages of Lansingburgh and Greenbush shall be uniform with those heretofore authorized in the city of Troy.

CODE OF ETHICS

OF THE

American Medical Association,

ADOPTED BY THE

RENSSELAER COUNTY MEDICAL SOCIETY.



CODE OF MEDICAL ETHICS.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE
OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ARTICLE I.

DUTIES OF PHYSICIANS TO THEIR PATIENTS.

SECTION 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal, other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted, in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition, or flaw

of character, observed during professional attendance, should ever be divulged by the physician, except when he is imperatively required to do so. The force and necessity of this obligation, are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease; to meet promptly every change which may occur; and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs: and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words, or the manner of a physician. It is therefore a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient, and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable: for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances would be sacrificing to fanciful delicacy and mistaken

liberality, that moral duty, which is independent of, and far superior to pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ARTICLE II.

OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

§ 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health for the welfare of those who avail themselves of their services, certainly have a right to expect, and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the *sciences*, the world ought not to suppose that knowledge is *intuitive*.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations.

A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases; for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the "mind diseased." A patient should never be afraid of thus making his physician his friend and adviser: he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences; and a patient may sink under a painful and loathsome disease, which might have been readily prevented, had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business, nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of the physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular, may render an otherwise judicious treatment dangerous, and even fatal.

This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients

should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief; and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him; and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of a serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE
PROFESSION AT LARGE.

ARTICLE I.

DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER.

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the Faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence, are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence; and to both, because no scientific attainments can compensate for want of correct moral principles. It is also incumbent upon the Faculty to be temperate in all things; for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations; to boast

of cures and remedies; to adduce certificates of skill and success; or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such *nostrum* be of real efficacy, any concealment regarding it is inconsistent with beneficence, and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ARTICLE II.

PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER.

§ 1. All practitioners of medicine, their wives, and their children, while under the paternal care, are entitled to the gratuitous services of any one or more of the Faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices, and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a distant member of the Faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ARTICLE III.

OF THE DUTIES OF PHYSICIANS AS RESPECTS VICARIOUS OFFICES.

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy which should always be performed with the utmost consideration for the interest and character of the family physician; and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates, the fees arising from the discharge of his professional duties.

In obstetrical, and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom, should be awarded to the physician who officiates.

ARTICLE IV.

OF THE DUTIES OF PHYSICIANS IN REGARD TO CONSULTATIONS.

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some Medical Board of known and acknowledged respectability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations, no rivalry or jealousy should be indulged: candor, probity, and all due respect should be exercised toward the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which, the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express.

But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the Faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation, and the reason for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician, if he is sent for in an emergency, when the regular attendant is out of the way; and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians, when they are to hold consultation together; and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation.

But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new

appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance; in which latter case, he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultations should be held as secret and confidential. Neither by words or manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success, as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but, if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But, in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide.

But as every physician relies on the rectitude of his own judgment he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two

physicians might be objectionable to the patient, the member of the Faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest, for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ARTICLE V.

DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE.

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the Faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief; and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called; and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case. (The expression, "Patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.)

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ARTICLE VI.

OF DIFFERENCES BETWEEN PHYSICIANS.

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy, and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *Court Medical*.

§ 2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters; and as there exist numerous points in medical ethics and etiquette, through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences, nor the adjudication of the arbitrators, should be made public; as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the Faculty.

ARTICLE VII.

OF PECUNIARY ACKNOWLEDGMENTS.

Some general rules should be adopted by the Faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF
THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ARTICLE I.

DUTIES OF THE PROFESSION TO THE PUBLIC.

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession; as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons and similar institutions—in relation to the medical police of towns, as drainage, ventilations, &c.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten Coroners' inquests, and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in

consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which eleemosynary services are more liberally dispensed than the medical; but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this Article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public, or by rich individuals; societies for mutual benefit, for the insurance of lives, or for analogous purposes; nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health, and even destruction of life, caused by the use of quack medicines, to enlighten the public on these subjects; to expose the injuries sustained by the unwary, from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines; or from being in any way engaged in their manufacture or sale.

ARTICLE II.

OBLIGATIONS OF THE PUBLIC TO PHYSICIANS.

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect

from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism; to afford every encouragement and facility for the acquisition of medical education; and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment, for resorting to the only means of obtaining it.

